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|--------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------|----------------------------------------------|
| GATEWAYS HOSPITAL<br>AND<br>MENTAL HEALTH CENTER | PAGE<br>1 OF 1                                                                                                                     | NUMBER | DATE<br>REVISED<br>07/01/2022 | ORIGINATING DEPARTMENT<br>PATIENT ACCOUNTING |
| SUBJECT:<br><br>COLLECTION<br>PROTOCOLS          | EFFECTIVE DATE<br>08/01/2001                                                                                                       |        |                               |                                              |
|                                                  | APPROVED:                                                                                                                          |        |                               |                                              |
|                                                  | <br>_____<br>DIRECTOR OF REVENUE CYCLE MANAGEMENT |        |                               | <u>07/01/2024</u><br>DATE                    |
|                                                  |                                                                                                                                    |        |                               |                                              |

## POLICY

To document a uniform monthly collection process.

## SCOPE

This procedure is applicable to Gateways Hospital and Mental Health Center.

## PROCEDURE

The following list provides the steps for the monthly collection and reporting.

1. Computer generated patient statements are sent out on a monthly basis. Copies of patient statements are to be scanned in each patient's EHR account.
2. Secondary insurances are to be billed after the primary insurance claims have been adjudicated. Should a secondary insurance not crossover via the primary payor, a hard paper claim will be sent to the applicable insurance company.
3. Medi-Medi accounts are to be verified for Medi-Cal eligibility on a monthly basis. As Gateways Hospital and Mental Health Center is not a Medi-Cal fee-for-service provider, all eligibilities must be checked via the Medi-Cal website. Each Medi-Cal POS (Point of Service) response is scanned in each patient's EHR account for each month of service.
4. Collection attempts of any unpaid balance are to occur on a monthly basis until payment is received, or until it has been determined that it will be written as a bad debt. All bad debt collections are to be approved by the Director of Revenue Cycle Management and reviewed by the CFO on a monthly basis.
5. Considering the population we serve, and are working with, there may be instances where mail will be returned as the patient cannot be located. In such instances, the returned mail is to be filed, unopened, in the patient's financial folder and scanned in the patient's EHR account. If a next of kin or any other applicable responsible parties are listed in the patient's account, they are to be reached to try and locate the patient.
6. All collection procedures are to be applied uniformly.